Application No. (if known): 09/936,688

Attorney Docket No.: 17221/007001

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Request for Continued Examination Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1

Fee Transmittal (1 page)

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Submission Under 37 § C.F.R. 1.114 (11 pages)

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PTO/SB/17 (02-07)

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 09/936,688-Conf. #9251 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number **FEE TRANSMITTAL** September 17, 2001 Filing Date Thierry Brusseaux First Named Inventor For FY 2007 D. W. Ruhl **Examiner Name**

Art Unit

TOTAL AMOUNT OF PAYM	MENT	(\$) 2,210.0	00	Attomey Docket	No.	17221/007001						
METHOD OF PAYMENT (check all that apply)												
Check X Credit Ca	ird	Money Order	Nor	ne Other (please ide	ntify):						
X Deposit Account Depos	ــــــا it Account Nu	mber: 50-0591	Deposit Acc	ount Name:		Osha Liang	LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of												
FEE CALCULATION												
1. BASIC FILING, SEARCH, AND EXAMINATION FEES												
		NG FEES		ARCH FEES	EXAM	INATION FEES	i					
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees P	aid (\$)				
Utility	300	150	500	250	200	100						
Design	200	100	100	50	130	65						
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	0	0						
2. EXCESS CLAIM FEES							-	Small Entity				
Fee Description							Fee (\$)	Fee (\$)				
Each claim over 20 (including Reissues)								25				
Each independent claim over 3 (including Reissues)								100				
Multiple dependent claims							360	180				
Total Claims Extra C	laims	Fee (\$)	Fee I	Paid (\$)	Į.	Multiple Depend						
1125 =	×				<u> </u>	Fee (\$)	Fee Paid (\$)				
HP = highest number of total clair								_				
Indep. Claims Extra C		Fee (\$)		Paid (\$) 0.00	•							
5 -3 = 2 HP = highest number of independ		200.00 =		0.00								
3. APPLICATION SIZE FEE	·	ala tor, ii groato. un	277 O .		_			-				
If the specification and dra listings under 37 CFR 1 sheets or fraction thereo	wings exc .52(e)), th	e application si	ze fee du	ie is \$250 (\$125 f				•				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)							Fee F	Paid (\$)				
100 = /50 (round up to a whole number) x								D-14 (A)				
4. OTHER FEE(S)	m ¢120	foo (no amali s	utitu diaa	oumt)			rees	<u>Paid (\$)</u>				
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1801 Request for continued examination (RCE) (see 37							1,020.00 790.00					

SUBMITTED BY House Schi Registration No. (Automey/Agent) 华45,079 33,986 Telephone (713) 228-8600 Signature Name (Print/Type) Jonathan P. Osha February 23, 2007

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Applicant claims small entity status. See 37 CFR 1.27